Family Planning Queensland

Sexual and reproductive health for all

2005-2006
FPQ 35th Annual Report

Family Planning Queensland
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Incorporated in 1972 as a Company Limited by Guarantee

Member of Sexual Health and Family Planning Australia Inc.
(Sh&FPA)

Affiliated with the International Planned Parenthood Federation (IPPF)

Acknowledgements

Family Planning Queensland acknowledges all donations from members, clients and the community.

Non School Organisations
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Special Education

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The Swan Family of Toowoomba

The Reef Hotel Casino
Community Benefit Fund
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www.fpq.com.au
FPQ has successfully undertaken a wide range of sexual and reproductive health education programs and delivered clinical services throughout the state.

It is worth noting the significant programs targeting the provision of sexual health training for youth workers, students with disabilities and HIV/AIDS and Hepatitis C education for Queensland correctional centre inmates. Through its membership of Sexual Health and Family Planning Australia (SH&FPA), FPQ has also made a major contribution to the development of key national policy papers, lobbied on major sexual and reproductive health issues and managed the delivery of International Program projects in South East Asia and the Pacific.

Recently FPQ has extended its core business to include child safety, which is now a state government priority. FPQ has the appropriate expertise to contribute to reforms in the area of child abuse prevention, research, education and support for children and educators. FPQ’s staff continue to deliver outstanding services to the Queensland community. On behalf of the Board I would like to thank staff and commend them on their efforts.

This year Dr John Patten, Director of the Sexual Health and AIDS Service, Prince Charles Hospital Health Service District, retired from the FPQ Board after five and a half years service. The Board greatly valued Dr Patten’s expertise and experience and his contribution to Board planning, discussion and decision-making. While we will miss Dr Patten’s input, the Board was pleased to welcome as a new director Dr Diane Rowling, Senior Medical Officer with Brisbane Sexual Health. Dr Rowling is a former Medical Director at FPQ and has an excellent understanding of sexual and reproductive health issues.

FPQ Board members work on a voluntary basis and the organisation benefits greatly from their expertise and advice. I would like to thank my fellow Board Members and in particular, Deputy Chair and Finance and Audit Committee chair Matthew Schlyder, for their generous provision of time and support for FPQ.

Planning has commenced for much overdue renovations in FPQ’s Alfred Street premises. The planned renovations will benefit clients and staff and improve access for people with a disability.

FPQ is a dynamic organisation with a collaborative approach to service delivery that enhances its ability to deliver high quality sexual and reproductive health services throughout the state. I would like to thank our key stakeholders, Queensland Health, Education Queensland, the Department of Communities and all the other organisations that support our activities.

I am pleased to present Family Planning Queensland’s 35th Annual Report. As you can see, this has been another busy year for FPQ under the able leadership of CEO, Kelsey Powell.
The main focus of the strategic plan was to increase the capacity of other organisations to respond effectively to the sexual and reproductive needs of the community. This involved the provision of education and training to a wide range of health and education professionals including general practitioners, nurses, teachers, disability workers and early childhood workers.

Highlights of 2005 — 2006 included:

- over 64,000 people participated in FPQ’s professional and community education activities and there were over 25,000 visits to our clinic services
- FPQ continued its commitment to clients in regional and rural areas with 70% of clinical services, 79% of community education and 53% of professional development activities provided outside the Brisbane metropolitan area
- an increase of over 50% in the number of professionals participating in FPQ information, education and training activities over the last three years
- FPQ has played a leadership role in promoting early childhood sexuality education in the context of child protection and prevention of child sexual abuse
- a significant increase in the provision of clinical training to health practitioners, including the provision of Pap smear provider training to nurses throughout Queensland
- FPQ has provided representation on national and state committees and input to government strategies, policies and guidelines

The FPQ Board, in consultation with staff, developed the strategic directions for the next three years. The direction statements are:

- Promoting healthy sexuality
- Building clinical excellence
- Supporting workforce development
- Accessing priority populations
- Engaging regional populations
- Building organisational capacity

These direction statements provide a framework for our strategic and operational plans until 2008.

As a member of Sexual Health and Family Planning Australia (SH&FPA), FPQ has worked with other state and territory family planning organisations on national initiatives. These include participating in national policy debates, providing media comment on the changes to the Therapeutic Goods Administration approval process for RU486, and the development of position papers on key sexual and reproductive health issues.

FPQ made a significant contribution to the development of ‘Contraception: an Australian practice handbook – First Edition’. This new handbook was co-authored by the Medical Director of FPQ and will be distributed through SH&FPA. It aims to support and promote clinical practice by providing current, evidence-based consensus recommendations on best practice in contraceptive delivery in an Australian setting.

FPQ continues to manage SH&FPA’s International Program, which includes community development projects in five Pacific countries and PNG. These projects aim to increase the capacity of local organisations to provide sexual and reproductive health services.

The FPQ Board of Directors, made up of voluntary members, provide strategic direction and support to the organisation. I would like to thank them for their commitment and support, especially the Chair, Elizabeth Manning. I also acknowledge the support of members, community and government.

Thank you to all staff for their commitment and hard work over the past year.
GOAL: to enhance community acceptance of inclusive, comprehensive and positive approaches to sexuality and sexual health.

Recognition of expertise

Recognition of FPQ’s expertise in community education and resource design is reflected in the continuing high demand for our services and resources. This year, over 50,000 community members accessed FPQ education and information services. More than two-thirds of these were children and young people.

The FPQ website recorded a total of 175,000 visits – an increase of 16% compared with the previous year. Sales of FPQ education resources were also higher than in previous years.

FPQ’s role as national leaders in the field of sexuality education was recognised with the acceptance of four papers, a poster and a workshop at the National Sexuality Education Conference in Adelaide.

The provision of Sexual Assault Counselling services through FPQ Cairns acts as a best practice example of integrated service provision. While all FPQ clinics and education services offer information, advice and referral related to sexual violence, the placement of this service within FPQ enables women who have experienced sexual assault to meet their counselling needs alongside clinical support.

Media

FPQ maintained a high profile in local and statewide media, with a total of 40 articles and interviews in the mainstream media (print, radio and television) and over 50 articles in sector media in the past financial year.

This included a feature in *The Courier Mail* on FPQ’s sexuality education program, several long interviews with FPQ staff on two *ABC Radio National* programs and several columns by FPQ staff in capital city and regional newspapers. FPQ staff gave expert comment on mifepristone, abortion statistics, contraception and sexuality education in newspapers and on radio, as part of the national debate on mifepristone.

In October 2005, FPQ hosted the Wendy Darvill forum, entitled ‘Ignorance is not Innocence’ with Professor Freda Briggs as keynote speaker.

More recently, a visit to Brisbane by international sexuality education expert Simon Blake also generated media interest, with interviews on local and regional radio, emphasising the importance of giving young people positive messages about sexuality.

Channel 7’s *Sunrise* program conducted a viewer poll on the claim from FPQ’s Simon Blake that parents should talk to their children more about sexuality.
specifically recognised as a child protection issue in Education Queensland’s child protection policy.

**Work with school communities to foster inclusive environments**

Direct delivery of sexuality education in the classroom continues to be the mainstay of FPQ’s work in promoting healthy sexuality. Students are encouraged to explore the concept of healthy relationships, so that sexuality is seen in a broader framework. FPQ educators reinforce existing anti-bullying policies in schools by emphasising and embracing diversity and supporting schools’ efforts to be safer environments for all students.

FPQ is also reaching school students through delivery of information at school based health expos in sites as diverse as Kenmore, Milmerran and Cairns, and through the FPQ website.

**Parent and carer groups**

FPQ recognises the importance of supporting and encouraging parents and carers to take an active role in delivering positive messages about sexuality and sexual health to children. Education services were delivered to 1700 parents and a further 855 parents accessed health information or advice. Through the Wendy Darvill Forum, involvement in planning for Child Protection Week and other work, significant networks have been built in the early childhood sector, with a view to further work in promoting sexuality education to both staff and parents.

**Government policies prioritising sexual and reproductive health**

As a result of networks established through FPQ’s National Conference on Female Genital Mutilation (FGM), held in November 2005, FPQ was instrumental in having FGM specifically recognised as a child protection issue in Education Queensland’s child protection policy.

This year has seen a continued focus on building capacity within schools to respond positively to children’s sexuality education needs. FPQ aims to improve schools’ ability to deliver sexuality education as a core component of their curriculum, rather than viewing it as an ‘add-on’ delivered by outsiders. Specific activities have included working with schools to develop curriculum support materials, team teaching and supporting training for teachers and school-based youth health nurses.
GOAL: to be recognised as experts in the development and provision of sexual and reproductive health services.

FPQ provides high quality clinical services in six clinics throughout the state and has key strategies in place to maintain this standard and continue to build clinical excellence. One of these strategies is to provide staff with professional development opportunities, including attending conferences and training courses, as well as emphasising internal quality improvement activities.

FPQ faces significant challenges to maintain current service delivery. As with other service providers in the health sector, FPQ is finding it increasingly difficult to recruit and retain specialised clinical staff and this will be an ongoing challenge in the next 12 months.

Procedural contraception access

Increasing access to the full range of contraception options is an important component of FPQ’s goal of promoting healthy sexuality. For more complex and procedural contraception service provision, FPQ acknowledges the importance of providing accessible services in regional areas and of providing training to increase the number of practitioners offering these services.

Increased demand for intrauterine devices (IUDs) has required an increased allocation of resources to training, with the result being an increased number of FPQ doctors now providing IUD insertions.

Effective use of staff, including Advanced Practice Nurses in aspects of provision of client information and assessment, has been necessary to meet demand. In the past year, as part of providing quality services in the area of procedural contraception, FPQ staff were trained in managing emergencies and compliance with infection control standards.

FPQ contribution to national contraception recommendations

The past year has seen consolidation of the role of the SH&FPA medical forum. The SH&FPA medical forum recognises the benefits of a national consensus approach when providing specialist clinical knowledge on contraception to the wider medical community. As a result, medical directors from family planning organisations in NSW, Queensland and Victoria have co-authored the first edition of ‘Contraception: An Australian Clinical Practice Handbook’. This handbook has now been published by SH&FPA. While based on international evidence and guidelines, the handbook establishes consensus recommendations for contraception practice in Australia. The contraception handbook is the basis for clinical practice in FPQ’s 2006 Clinical Guidelines, supplemented by information relevant to the Queensland context — in particular Health Management Protocols for nursing practice in FPQ clinics.

FPQ clinics provide access to the full range of contraceptive options.
Throughout 2005 — 2006 partnerships between FPQ and external agencies resulted in a number of positive outcomes. FPQ staff participate in a number of key cross-agency forums that are responsible for the review and/or development of clinical standards and practice throughout Queensland.

A key partnership is with Queensland Health Cancer Screening Services (QHCSS). An increased number of activities were undertaken this year relating to the implementation of the NHMRC Screening to prevent cancer: guidelines for the management of asymptomatic women with screen detected abnormalities, 2005.

The ability of FPQ to provide both clinical and education perspectives on implementation issues is highly regarded by QHCSS. FPQ also provided representation by medical and nursing staff on associated working groups and committees. In addition, the partnership between FPQ and QHCSS led to a further partnership with the Queensland Division of General Practice (QDGP) resulting in a successful pilot project training Practice Nurses in cervical screening.

Another key partnership is with the Queensland Health Communicable Diseases Unit. One activity undertaken in this partnership involved the review of the clinical practice guidelines including drug therapy protocols for sexual and reproductive health nurses.

FPQ continues to provide clinical and training input to the Royal Flying Doctor Service through our ongoing partnership with the Rural and Remote Women’s forum.

FPQ clinical services staff continue to play key roles in many other partnerships involving education and training for health professionals including the University of Queensland’s School of Medicine, the North Queensland Workforce Unit and Women’s Health Queensland Wide.

At the regional level, a variety of partnerships with government, training and community organisations continue to ensure FPQ clinical expertise contributes to effective service delivery.
GOAL: to increase the capacity of other organisations to respond effectively to the sexual and reproductive needs of the community.

FPQ continued to develop a strong profile and presence in workforce development throughout Queensland, recording a 25% annual increase in the number of training participants since 2004. Workforce development occurred through the provision of a range of training activities, resources and consultations. This targeted a variety of worker roles, increasing the capacity of individuals and organisations to respond effectively to the sexual and reproductive health needs of their own communities.

Clinicians and health professionals

Highlights included:

- approximately 2000 medical practitioners and registered nurses participated in FPQ professional development activities in 2005 — 2006
- an increase in supervised clinical attachments at FPQ
- FPQ entered into partnership with the Queensland Division of General Practice (QDGP) to pilot the delivery and evaluation of Pap smear provider courses for practice nurses in Toowoomba and Townsville. This pilot offered flexible options for completion of the course clinical component, increasing access for nurses working in rural and regional centres
- FPQ achieved accredited training provider status with the Royal College of General Practitioners (RACGP) and the Royal College of Nursing Australia (RCNA)
- tertiary level Introduction to Sexual and Reproductive Health Theory self-directed learning package for nurses and other health professionals was updated

People who work with children and young people

FPQ’s teaching and parenting program continued to focus on working with teachers to develop and support their capacity to promote healthy sexual development. This included:

- review and relaunch of FPQ’s popular teaching resource ‘High Talk’
- delivery of tailored professional development sessions to allow teachers to respond to the sexuality education needs of their own communities

Queensland Health extended funding for the HIV/AIDS, hepatitis C and sexual health promotion with young people worker training project until 2007. This allowed a review and update of the CD Rom self directed learning resource and increased opportunities for face-to-face training throughout Queensland. This project supported a number of key events, including three with Simon Blake, a UK expert on young people’s sexual health. The events, focusing on young people and sexuality, were well attended by representatives from the community and public sectors.

FPQ staff liaised with relevant organisations to identify the emerging training and development needs of workers and organisations around the prevention of childhood sexual assault. These target groups include community workers, teachers, childcare workers, and child safety officers.

In September last year, FPQ also delivered the Wendy Darvill forum.

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Sexual and reproductive health for all
Wendy Darvill was an FPQ educator who was passionate about children's rights to education and these occasional forums continue her advocacy. The 2005 forum, titled: 'Ignorance is not Innocence: Why talk about sexuality and prevention of sexual assault in the early years?' was a joint presentation with C&K (formerly Creche & Kindergarten Association) and QUT's Faculty of Early Childhood. The forum was fully booked and attended by representatives of a wide range of early childhood service areas.

Disability and special needs sector workers

Workforce development highlights from the past financial year included:

• delivery of accredited training in sexuality and disability in over 16 locations throughout Queensland
• provision of training in sexuality and disability and teaching strategies to teaching staff in special schools and special education units in each of FPQ’s ten regional centres
• implementation of programs for support workers in residential, lifestyle and support services to identify and address sexual behaviours for the adult clients they support
• courses for Disability Services Queensland staff in addressing inappropriate and challenging sexual behaviours. The number of these courses will be increased next year in response to increasing demand

Doctors have welcomed SH&FPA’s new contraception handbook.

FPQ participated in GP education events on new cervical screening management guidelines.

FPQ held a public forum to discuss legal and funding issues surrounding sexuality and disability.

National curriculum contribution

FPQ’s workforce development activities included a contribution to the national training curricula in sexual and reproductive health across several disciplines, and the publication of policy and practice frameworks and guidelines. Requests for involvement with key reference groups, pre-service training and clinical placements have increased.
GOAL: to ensure that services are developed and delivered to those populations identified in research and policy as being in most need.

**Indigenous community members**

FPQ recognises the need to work collaboratively with indigenous people to improve their control over and access to health services. While indigenous people made up a relatively small percentage of clinic, education and counselling clients, FPQ placed a strong focus on workforce development to build the capacity to respond to the sexual and reproductive health needs of indigenous people. Professional training was provided to 380 indigenous health workers.

**People with disabilities**

This year, FPQ has provided an education or information service to 937 people with disabilities. More than half of these were children, and the majority have intellectual or communication disabilities, including autistic spectrum disorder. Almost 1800 disability workers accessed FPQ education services – almost 50% more than in the preceding year.

Funding from Education Queensland through the Non-Schools Organisation grant has made it possible for FPQ to continue to provide affordable, comprehensive one-to-one and small group education to children and students with disabilities. FPQ also provides this service for women with disabilities under Queensland Health’s Women’s Reproductive Health grant. While direct service provision to men with disabilities remains unfunded, FPQ has provided leadership in convening a sector-wide forum to call for improved service provision in this area. The public forum, held in August this year, tackled the topic of sexuality and intellectual disability, and attracted a range of community and public sector representatives working in the policy and service delivery areas affected by this issue.

The FPQ board has endorsed plans to renovate the Alfred St clinic and offices in Fortitude Valley to enable wheelchair access to the clinic. Disability access to regional clinics is also under review.

**Young People**

A key focus in clinical service provision this year has been the implementation of policy and procedures related to services to sexually active young people. Policy development and training has been undertaken to ensure services meet the needs of young people while managing risk of harm issues appropriately. Staff have received training to enhance skills in undertaking comprehensive clinical and psychosocial assessment of young people.

FPQ’s new Cairns Child and Family Counselling Service (funded by the Department of Communities) represents a significant expansion of service delivery to children and young people who have experienced sexual assault.

Service delivery to children and young people remains the mainstay of education services with over 60% of education clients being primary school students and a further 15% being young people aged 13-24 years (mostly high school students).
Monitoring of visits to the FPQ website strongly suggests that young people are using the site, with activity on the site increasing substantially on weekends and school holidays.

Production of FPQ’s new fact sheet ‘Sexual Behaviours in Children and Young People’ involved collaboration of staff from education and clinical services. The new fact sheet will help parents, carers and other adults who support young people to identify and respond appropriately to a range of sexual behaviours from healthy sexual development to problematic behaviour.

Culturally and linguistically diverse community members

The Bilingual Community Educators in the Multicultural Women’s Health Project have conducted over 200 community sessions with almost 3000 participants. These participants included key community leaders, as well as many recently arrived refugees and other immigrants. The focus of these sessions has been raising awareness of Female Genital Mutilation (FGM). These sessions involve the provision of information and discussion on sexual and reproductive health issues.

With funding from the Office for Women and Multicultural Affairs Queensland FPQ hosted the first National Conference on FGM in November 2005. This event brought together religious and community leaders along with medical specialists, to focus on a range of issues related to FGM practice in Australia. Production of a conference DVD and poster is underway.

Community leaders attended FPQ’s national conference on Female Genital Mutilation (FGM) in Brisbane last year.

FPQ’s bilingual educators from FPQ’s Multicultural Women’s Health Project conducted information sessions for almost 3000 participants.
GOAL: to ensure that service development and delivery is responsive to the needs of people living in regional, rural and remote areas.

FPQ uses a range of strategies and resources to respond to the sexual and reproductive health needs of people living in regional, rural and remote areas. Primarily this involves the clinical and education services offered through FPQ’s eleven centres around the state.

Given that most Queenslanders get their contraceptive services from general practitioners, FPQ supports GPs in providing accurate, up-to-date information about the full range of contraceptive choices. For people who are unable to access a GP for contraceptive services, or for people with complex contraceptive needs, FPQ’s clinical services offer a high level of contraceptive expertise from several clinics around the state. FPQ’s clinical services offered over 25,000 consultations in Queensland in the past financial year. 70 per cent were offered outside the Brisbane metropolitan area.

Professional development is also a key strategy to increase the capacity of health and education professionals to meet the needs of people in regional Queensland. FPQ is a centre of excellence for the professional development of doctors, nurses and allied health professionals.

Training programs

Over 50 per cent of FPQ’s workforce development activities were conducted outside Brisbane.

Pap Smear Provider courses were provided to Practice Nurses in Toowoomba (attended by nurses from Kingaroy, Stanthorpe, Beaudesert, Gatton and Goombungie) and Townsville (attended by nurses from the Atherton Tablelands, Innisfail, Cloncurry, Ingham, Garbutt and Kirwan). FPQ delivered the SH&FPA Certificate in Sexual & Reproductive Health course in Mackay, which was attended by doctors from Rockhampton, Walkerston, Emerald, and Sarina. In order to increase flexibility, the clinical component of all FPQ health professionals’ courses can be done at any of FPQ’s clinics.

FPQ also offers ‘Introduction to sexual and reproductive health theory’, a 17-week course delivered by distance education to health professionals. By September 2006, 12 participants from a range of locations around the state had completed this course.

FPQ conducted accredited training in ‘Identifying and Addressing Sexualised Behaviours’ for workers in the disability sector around the state in the following locations: Redcliffe, Bundall, Maroochydore, Townsville, Ayr, Gympie, Toowoomba, Atherton, Brisbane, Warwick, Cairns, Innisfail, Bundaberg, Ipswich, Logan, Rockhampton, Mackay, Murgon, Gladstone and Mt Isa.

FPQ provided 71% of community education services outside the Brisbane metropolitan area. Participants included primary and secondary school students, people with disabilities, young people at risk, people from CALD groups and parents.

One of FPQ’s key messages to teachers, parents and carers is that comprehensive sexuality education, commenced early in a child’s life, leads young people to delay sexual activity, helps protect against sexual abuse and increases use of contraception and safe sex practices. FPQ’s education services have been boosted in two regions of Queensland reporting the highest levels of unplanned pregnancies and sexually transmitted infections (STIs) – the Wide Bay and Ipswich/West Morton regions.

Sexual assault services in Cairns and Port Douglas

A recent review of Queensland police statistics found that Far North Queensland has the highest rate of sexual assault in Queensland. FPQ responds to this need with a Sexual Assault Service for adult women over 15 years old. This year FPQ opened a new Child Sexual Assault Counselling Service (funded by the Department of Communities) to complement the adult Sexual Assault Service. The Child Sexual Assault Counselling Service has three counsellors operating from Cairns, Port Douglas and Mossman. This service delivers counselling to children and young people (female under 15, male under 18) who have been sexually abused and provides information and support to their families.

Education services boosted in regional Queensland

FPQ provided 71% of community education services outside the Brisbane metropolitan area. Participants included primary and secondary school students, people with disabilities, young people at risk, people from CALD groups and parents.

One of FPQ’s key messages to teachers, parents and carers is that comprehensive sexuality education, commenced early in a child’s life, leads young people to delay sexual activity, helps protect against sexual abuse and increases use of contraception and safe sex practices. FPQ’s education services have been boosted in two regions of Queensland reporting the highest levels of unplanned pregnancies and sexually transmitted infections (STIs) – the Wide Bay and Ipswich/West Morton regions.
In 2006 FPQ employed a new educator covering the Ipswich area. The Ipswich educator is already fully booked to deliver high quality sexuality education to Ipswich schools in the last term of the 2006 academic year.

Meanwhile FPQ’s Wide Bay educator (based in Bundaberg) reports that uptake of sexuality education in schools and of inservice training on sexuality education for teachers and early childhood workers, has increased significantly. FPQ’s Wide Bay educator has delivered training to C&K kindergarten workers, school-based youth health nurses, parents and carers and community health workers. Education Queensland’s district office in Wide Bay has requested teacher training from FPQ.

FPQ’s Cairns Sexual Assault Service released a new-look service brochure, poster and wallet cards.
Quality improvement

FPQ has a commitment to the maintenance of high quality services by ensuring that effective quality improvement mechanisms are in place. This involves review of organisational policies and procedures, use of up-to-date research to guide practice and the identification of potential risks to the organisation.

As part of FPQ’s focus on quality improvement, FPQ staff have undertaken a significant number of professional development activities, workshops and traineeships.

Technology

This area continues to develop with a number of new initiatives, including:

• an internal web server to allow FPQ staff access to search the library catalogue. This server is also used to host the web-based SHIP tutorial (provided by Queensland Health)
• the wide area network (WAN) was upgraded from an Internet-based connection to a secured private IP solution. This has improved speed connection between Brisbane and the regional offices
• a new modem router has provided a single Internet gateway for all FPQ offices and comes with wireless connectivity. New laptops have been configured to use this wireless connection to link to the FPQ network when within the Brisbane offices
• a server cabinet has been installed and contains all server, network and phone system equipment
• new and improved telephone systems have been installed in FPQ’s Alfred St, Cairns and Gold Coast centres, with the potential to use the new VoiceoverIP technology

The capacity of FPQ to achieve its operational goals is enhanced by various systems and activities. These include technology, finance, information management, facilities management, human resources and quality improvement.

Goal: to use resources effectively and flexibly, to ensure attainment of the strategic direction and the sustainability of Family Planning Queensland.

FPQ has a new server, phone system and upgraded computer network housed in the same facility for efficient access and to minimise cabling and storage needs. The system is maintained by FPQ’s Help Desk.

Quality improvement

FPQ has a commitment to the maintenance of high quality services by ensuring that effective quality improvement mechanisms are in place.
FPQ has a new Communication Strategy to position FPQ as a high profile source of expert advice and public comment on sexual and reproductive health issues. A key goal of the strategy is a consistent and high quality corporate identity to maintain and build a positive public reputation for FPQ. The strategy:

- identifies FPQ’s core areas for public comment: contraception, sexuality education, child protection, disability, young people’s sexual and reproductive health, general sexual health, unplanned pregnancy options and fertility
- identifies FPQ’s key target groups: health practitioners, teachers, parents/carers, staff in early childhood settings, disability and Culturally and Linguistically Diverse (CALD) sectors, the mainstream media, sector media and priority populations
- articulates FPQ’s key messages in core business areas
- supplies templates to help staff produce communications materials

Since the Communication Strategy was presented at the 2006 May managers’ meeting, many staff have used the strategy to successfully promote FPQ resources and services. These include:

- several articles on clinical best practice were published in Division of General Practice newsletters
- sector media articles were published in newsletters for schools and school-based youth health nurses
- letters to the editor on child sexual abuse and sexuality education, and two columns on child protection were published in regional newspapers

In the coming year staff will be supported to use the Communication Strategy to build FPQ’s capacity to communicate professionally with our target groups, partners, supporters and with the general public.

Facilities management

FPQ will continue to explore accommodation options that will provide access for people with a disability and parents with prams, as well as improve privacy for clients attending FPQ centres. As part of these plans, the Alfred St premises in Fortitude Valley will be renovated to assist in providing a more usable facility and better disability access. There are also renovations planned for the Ipswich centre, to provide office space for an Education Officer and to improve client privacy. Alternative accommodation for other centres with access problems is also being explored.

Library and Information Services

This year library services have focused on ensuring that resources can be accessed electronically. A web-based library catalogue is accessible to staff members via their desktops. The system also has a circulation module to track loans and reporting functions that assist with collection development.

A web-based index was created for the Vertical File collection. This can be searched using broad subject headings and provides up-to-date articles in the area of contraception and sexual and reproductive health.

Review of staffing has resulted in the appointment of a Client Service and Information Officer to improve management of calls and enquiries, and to ensure effective dissemination of information.

In the coming year FPQ will review IT requirements and consider open source applications.

Facilities management

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A range of publications and resources – specifically designed and developed to meet the needs of FPQ’s target groups – support FPQ’s strategic plan.

In the past financial year FPQ produced over 100,000 copies of factsheets and brochures dealing with core business areas. Several resources were revised, including the popular ‘I Can’ poster kit and the ‘Contraception Choices’ flip chart.

New productions included a six-page factsheet, Sexual behaviours in children & adolescents, FPQ’s guidelines for clinical practice, The little black book, an information booklet for inmates of correctional centres, and a promotional package of brochures, wallet card and posters for the Cairns and district Sexual Assault Service. FPQ assisted in the production of SH&FPA’s first edition of ‘Contraception: an Australian clinical practice handbook’ and produced a corporate brochure for SH&FPA.

Several new resources are in development, including:

- a full colour storybook for children
- a video of the FGM conference
- a DVD to support disability workers in identifying and responding to sexualised behaviours and
- a self-directed learning package supporting clinicians working in the area of blood borne viruses, to develop health promotion initiatives

All FPQ publications and resources, including flyers, client information sheets, order forms and website content adhere to the FPQ style guide, which defines corporate identity through FPQ’s corporate colours, logos, taglines and typography.

The style guide provides guidelines for consistency of appearance, making it easy to distinguish an FPQ publication. This enhances FPQ’s corporate image as an organisation of professional ability and integrity, reassuring members of the public, our clients, that they can feel confident and comfortable in accessing FPQ services and resources.

During the year databases for direct mail and email marketing to clients were developed. Sector media databases were also built to provide contact details and deadlines for all journals, newsletters and e-bullets in FPQ’s core business areas. These databases are useful tools for marketing FPQ products and services.

As a result of marketing activities and other public awareness exercises, there has been increased demand for FPQ services and resources. During the last financial year more than 20% of overall uptake was by external clients directly purchasing publications and resources.

FPQ’s Combined Oral Contraception factsheet now includes new ‘missed pill’ guidelines.

FPQ produced ‘The little black book,’ providing info and contacts for recently released prisoners.

A new factsheet on ‘Sexual Behaviours in Children and Adolescents’ will help parents and carers respond positively and appropriately.
### Clinic Services

<table>
<thead>
<tr>
<th>Clinic Consultations</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients</td>
<td>14792</td>
</tr>
<tr>
<td>Number of visits</td>
<td>25247</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of clients</th>
<th>Totals %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15</td>
<td>0.7%</td>
</tr>
<tr>
<td>15-19</td>
<td>12.7%</td>
</tr>
<tr>
<td>20-24</td>
<td>15.9%</td>
</tr>
<tr>
<td>25-29</td>
<td>12.6%</td>
</tr>
<tr>
<td>30-34</td>
<td>12.8%</td>
</tr>
<tr>
<td>35-39</td>
<td>11.5%</td>
</tr>
<tr>
<td>40-54</td>
<td>25.8%</td>
</tr>
<tr>
<td>55 and over</td>
<td>8.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Totals %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception</td>
<td>35.0%</td>
</tr>
<tr>
<td>STI</td>
<td>9.0%</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>47.0%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.0%</td>
</tr>
<tr>
<td>Totals</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

### Counselling

**Sexual assault and abuse**

<table>
<thead>
<tr>
<th>Far North Queensland</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new clients</td>
<td>192</td>
</tr>
<tr>
<td>Occasions of service</td>
<td>2288</td>
</tr>
</tbody>
</table>

### Workforce Development

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical practitioners</td>
<td>1056</td>
</tr>
<tr>
<td>Nurses</td>
<td>923</td>
</tr>
<tr>
<td>Teachers</td>
<td>755</td>
</tr>
<tr>
<td>Indigenous health workers</td>
<td>381</td>
</tr>
<tr>
<td>Disability workers</td>
<td>1774</td>
</tr>
<tr>
<td>Allied health workers</td>
<td>6055</td>
</tr>
<tr>
<td>Other non-health workers</td>
<td>1935</td>
</tr>
<tr>
<td>Medical students</td>
<td>798</td>
</tr>
<tr>
<td>Nursing students</td>
<td>16</td>
</tr>
<tr>
<td>Teaching students</td>
<td>244</td>
</tr>
<tr>
<td>Other tertiary students</td>
<td>403</td>
</tr>
<tr>
<td>Totals</td>
<td>14340</td>
</tr>
</tbody>
</table>

### Health Promotion

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school children 12 yrs and under</td>
<td>31460</td>
</tr>
<tr>
<td>Young people (13-24yrs)</td>
<td>7526</td>
</tr>
<tr>
<td>People with a disability</td>
<td>937</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islanders</td>
<td>225</td>
</tr>
<tr>
<td>Culturally and Linguistically Diverse (CALD) people</td>
<td>2995</td>
</tr>
<tr>
<td>General population</td>
<td>2329</td>
</tr>
<tr>
<td>Other targeted groups</td>
<td>5021</td>
</tr>
<tr>
<td>Totals</td>
<td>50493</td>
</tr>
</tbody>
</table>
Family Planning Queensland
(A Company Limited by Guarantee) A.B.N 61 009 860 164
For the Financial Year ended 30 June 2006

The Directors present their report on the company for the financial year ended 30 June 2006.

DIRECTORS

The names of directors in office at any time during or since the end of the year are as follows:

Ms Tricia Davis
Assoc. Prof. Michael Dunne
Ms Elizabeth Manning
Dr John Patten
(resigned 13 February 2006)
Dr Diane Rowling
(appointed 13 February 2006)
Mr Matthew Schlyder
Mr Paul Stephenson
Mrs Laurelle Williams
Ms Charrlotte Woodward

DIRECTORS’ DETAILS

Ms Elizabeth Manning
B.A. (Hons)
Chair
Ph.D candidate with the Australian Studies Centre at the University of Queensland.
Ms Manning has been a director since 2000. She was elected as Chair in October 2004. Ms Manning is a Board member of Sexual and Family Planning Australia, Chair, International Program Advisory Committee and a SH&FPA representative on the East and South East Asia Oceanic Regional Council of the IPPF.
Special responsibilities: Chair, Governance Committee, Member, Strategic Planning Committee.

Mr Matthew Schlyder
B.Bus., A.C.A.
Deputy Chair
Partner, Elliotts Accounting.
Mr Schlyder has been a director since 2002.
Special responsibilities: Chair, Audit and Finance Committee.

Ms Tricia Davis
B. Pty, MBA
Principal Consultant with Sandbox Pty Ltd.
Ms Davis has been a director since 2004. Sandbox Pty Ltd focuses on marketing and sales strategy. Ms Davis has extensive experience in sales and marketing including senior roles with Optus and Energex and started her own consultancy in 2003. Ms Davis originally practiced as a physiotherapist and has experience in workplace health and safety.
Special responsibilities: Member, Audit and Finance Committee, Chair, Strategic Planning Committee.

Assoc. Prof. Michael Dunne
B.A. (Hons), Ph.D. (Psychology)
Associate Professor in Epidemiology, School of Public Health, Queensland University of Technology.
Prof. Dunne has been a director since 1995. He teaches Epidemiology and Health Sociology at the School of Public Health, Queensland University of Technology. His main research interest is in prevention of child maltreatment.

Dr Diane Rowling
M.B.B.S, F.A.F.P.H.M, M.T.H.
Senior Medical Officer, Brisbane Sexual Health and AIDS Service, The Prince Charles Hospital Health Service District, Queensland Health.
Dr Rowling was appointed in 2006. She is a Public Health Physician with a special interest in sexual and reproductive health. She is a former Medical Director of Family Planning Queensland.
Special responsibilities: Chair, Clinical Advisory Committee.

Mr Paul Stephenson
District Manager, Cape York Health Services District, Queensland Health.
Mr Stephenson has been a director since 2003.

Mrs Laurelle Williams
Ms Williams has been a director since 2003. Mrs Williams is a Fellow of the Australian College of Midwives; she conducts a monthly mother/baby (child health) club at Nundah and supports new mothers and their babies in person and by phone. She has retired from paid employment.
Special responsibilities: Member, Governance Committee.

Ms Charrlotte Woodward
B.Nursing, Grad. Cert. Sexual Health Nursing, Masters of Nursing (Women’s Health)
Associate Lecturer at QUT School of Public Health.
Ms Woodward has been a director since 2004. Ms Woodward has extensive experience as a sexual and women’s health nurse with Brisbane Sexual Health clinic. She has recently completed a research project which examined prostitution in Queensland including community attitudes towards sex work. The report is called Selling Sex in Queensland. She is currently undertaking her Ph.D.
Special responsibilities: Member, Strategic Planning Committee.

CHIEF EXECUTIVE OFFICER

Ms Kelsey Powell
Ms Powell has been Company Secretary and Chief Executive Officer since 2002.
Previous to her current position, Ms Powell was the Director of Education Services at FPQ, and has been involved in education and training in the areas of sexual and reproductive health services for nearly 20 years.
Special responsibilities: Member, Audit and Finance Committee, Member, Board Governance Committee. Member, Strategic Planning Committee.

The principal activity of the Company remained unchanged during the year and was to provide sexual health and family planning services in accordance with the Constitution and to ensure that the service is adequately funded.

Operating profit for the financial year amounted to $167,819 compared with the previous year’s profit of $97,612. The variation was due to savings in repairs and maintenance because some major repairs were already done during 2004-2005. The Company received donations of $36,995 for the purchase of gynaecology beds during the year.
and two motor vehicles that have been fully depreciated were sold for $19,000 in 2005-2006 financial year. There was an increase in revenue from course fees from Health Professional Programs and interest on investments were higher due to the flexibility of the investments accounts, which allow the company to maximise its interest earning potential. Income from copyright royalty fees was also received during the year.

During the year, the Company provided 25,247 clinic consultations. Over 50,000 clients participated in a range of health promotion activities and 14,340 clients participated in professional education and training.

The Company is not subject to income tax. The Constitution provides that no dividends may be paid to members. Queensland Health, through the Reproductive Health Program, provides the major funding to FPQ. FPQ has signed a five-year agreement, until 2009, with Queensland Health for this funding.

No matters or circumstances have arisen since the end of the financial year which significantly affect or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in financial years subsequent to the year ended 30 June 2006, other than as disclosed in this report and in the attached financial statements.

There has not been any significant change in the state of affairs of the Company during the financial year. There are no significant likely developments to report.

The Company has not, during or since the financial year, in respect of any person who is or has been an officer or auditor of the Company or a related body corporate;

- indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer, including costs and expenses in successfully defending legal proceedings; but
- has paid a premium in respect of a contract insuring against a liability incurred as an officer for the costs of expenses to defend legal proceedings. The conditions of the policy do not permit any detailed disclosures.

No person has applied for leave of Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

There are no significant environmental regulations with which the company must comply.

The Independence Declaration of the lead auditor is included on page 20.

As a result of the introduction of Australian equivalents to International Financial Reporting Standards (AIFRS), the Company’s financial report has been prepared in accordance with those standards. Comments on the transition are included in Note 25 of the financial statements.

Signed in accordance with a Resolution of the Directors.

Elizabeth Manning
Chair
Dated: 31 August 2006

Patricia Davis
Director
Dated: 31 August 2006

<table>
<thead>
<tr>
<th>Directors’ meetings</th>
<th>Board Governance Committee</th>
<th>Audit and Finance Committee</th>
<th>Strategic Planning Committee</th>
<th>Clinical Advisory Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings attended</td>
<td>Meetings held</td>
<td>Meetings attended</td>
<td>Meetings held</td>
<td>Meetings attended</td>
</tr>
<tr>
<td>Ms Tricia Davis</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Assoc.Prof. Michael Dunne</td>
<td>4</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Elizabeth Manning</td>
<td>5</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr John Patten</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Diane Rowling</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Matthew SchNyder</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mr Paul Stephenson</td>
<td>4</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs Laurelle Williams</td>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Charlotte Woodward</td>
<td>6</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Kelley Powell</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The number of meetings held represents the number of meetings the Directors were eligible to attend. The Governance and Strategic Planning Committees did not meet in the last financial year.
Auditors Independence Declaration under Section 307C of the Corporations Act 2001 to the Directors of Family Planning Qld

I declare that to the best of my knowledge and belief, during the year ended 30 June 2006 there has been:

a) no contraventions of the auditors independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

BDO Kendalls
Chartered Accountants

C J Skelton
Partner
Dated: 31 August, 2006
FAMILY PLANNING QUEENSLAND
A.B.N. 61 009 860 164
(A Company Limited by Guarantee)

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2006

Note 2006 2005
--- $  $
Revenue 2 5,526,527 4,869,239
Change in inventory of finished goods 59,588 (4,472)
Raw materials and consumables used (143,102) (106,627)
Employee benefits expense (3,851,080) (3,524,878)
Course expenses (53,177) (17,703)
Depreciation and amortisation expense (126,280) (126,069)
Insurance (80,301) (82,011)
Professional fees (25,753) (31,566)
Rent, rates, repairs and maintenance (309,408) (295,135)
Staff training and recruitment (79,737) (37,529)
Telecommunications (69,794) (64,018)
Travel costs (162,920) (58,559)
Other expenses from ordinary activities (516,744) (423,060)
Profit for the year 12 167,819 97,612

BALANCE SHEET AS AT 30 JUNE 2006

Note 2006 2005
--- $  $
ASSETS
CURRENT ASSETS
Cash and cash equivalents 3 1,434,825 1,332,064
Trade and other receivables 4 96,669 83,575
Inventories 5 112,007 52,415
Other current assets 6 102,431 81,776
TOTAL CURRENT ASSETS 1,745,932 1,549,830

NON CURRENT ASSETS
Property, plant and equipment 7 776,805 765,369
Intangible assets 8 11,828 6,867
TOTAL NON CURRENT ASSETS 788,633 772,236
TOTAL ASSETS 2,534,565 2,322,066

CURRENT LIABILITIES
Trade and other payables 10 934,059 896,027
Short-term provisions 11 159,207 181,449
TOTAL CURRENT LIABILITIES 1,093,266 1,077,476

NON CURRENT LIABILITIES
Long-term provisions 11 68,664 39,774
TOTAL NON-CURRENT LIABILITIES 68,664 39,774
TOTAL LIABILITIES 1,161,930 1,117,250

NET ASSETS 1,372,635 1,204,816

EQUITY
Retained Earnings 12 1,372,635 1,204,816
TOTAL EQUITY 1,372,635 1,204,816

Commitments 13

The accompanying notes form part of these financial statements.
STATIONETE OF RECOGNISED INCOME AND EXPENSES FOR YEAR ENDED 30 JUNE 2006

<table>
<thead>
<tr>
<th>Note</th>
<th>Retained Earnings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 July 2004</td>
<td>1,107,204</td>
<td>1,107,204</td>
</tr>
<tr>
<td>Profit for the year</td>
<td>12</td>
<td>97,612</td>
</tr>
<tr>
<td>Balance at 30 June 2005</td>
<td></td>
<td>1,204,816</td>
</tr>
<tr>
<td>Profit for the year</td>
<td>12</td>
<td>167,819</td>
</tr>
<tr>
<td>Balance at 30 June 2006</td>
<td></td>
<td>1,372,635</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.

FAMILY PLANNING QUEENSLAND
A.B.N. 61 009 860 164
(A Company Limited by Guarantee)

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2006

<table>
<thead>
<tr>
<th>Note</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash flows from operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from trading</td>
<td>1,054,721</td>
<td>953,421</td>
</tr>
<tr>
<td>Receipts from grants</td>
<td>4,790,213</td>
<td>4,651,474</td>
</tr>
<tr>
<td>Receipts from donations</td>
<td>-</td>
<td>5,837</td>
</tr>
<tr>
<td>Interest received</td>
<td>100,336</td>
<td>58,278</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(5,713,847)</td>
<td>(5,128,242)</td>
</tr>
<tr>
<td>Net cash provided by/(used in) operating activities</td>
<td>21</td>
<td>231,423</td>
</tr>
</tbody>
</table>

Cash flows from investing activities:

| Payment for plant, property and equipment | (152,101) | (11,221) |
| Proceeds from sale of plant, property and equipment | 23,439 | 1,678 |

Net cash used in investing activities | (128,662) | (9,543) |

Net increase/(decrease) in cash held | 102,761 | 531,225 |
Cash at beginning of the financial year | 1,332,064 | 800,839 |
Cash at the end of the financial year | 19 | 1,434,825 | 1,332,064 |

The accompanying notes form part of these financial statements.
Statement of Significant Accounting Policies

The financial report is a general purpose financial report which has been prepared in accordance with Australian equivalents to International Financial Reporting Standards (AIFRS), other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Interpretations and the Corporations Act 2001.

The financial report covers the company, Family Planning Queensland as an individual entity. Family Planning Queensland is a company limited by guarantee, incorporated and domiciled in Australia.

Basis of Preparation

Family Planning Queensland has prepared financial statements in accordance with the Australian equivalents to International Financial Reporting Standards (AIFRS) from 1 July 2005.

In accordance with the requirements of AASB 1: First-time Adoption of Australian Equivalents to International Financial Reporting Standards, adjustments to the entity accounts resulting from the introduction of IFRS have been applied retrospectively to 2005 comparative figures excluding cases where optional exemptions available under AASB 1 have been applied. These accounts are the first financial statements of Family Planning Queensland to be prepared in accordance with AIFRS.

A statement of compliance with International Financial reporting Standard cannot be made due to Family Planning Queensland applying the not for profit sector specific requirements contained in the AIFRS.

Reporting Basis and Conventions

The financial report has been prepared on an accrual basis and is based on historical costs modified, where indicated, by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

The financial report of Family Planning Queensland was authorised for issue by the Directors on 31 August 2006.

The following is a summary of the material accounting policies adopted by the company in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated. Refer Note 25 for changes in accounting policies compared to the previous financial year.

Accounting Policies

a. Inventories

  Inventories are measured at the lower of cost and net realisable value. The cost is calculated on the basis of invoice price to the company. Clinic supplies and leaflets are written off as consumables during the year, except for larger and more durable items, which are carried as inventory, the benefit of which will be realised in the ensuing financial year. Costs are assigned on a first-in first-out basis.

b. Property, plant and equipment

  Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

  Property

  Freehold land and buildings are measured on the cost basis. It is the policy of the Company to have an independent evaluation every three years, with annual appraisals being made by the directors.

  Plant and equipment

  Plant and equipment are measured on the cost basis. The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets.

  The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The decrement in the carrying amount is recognised as an expense in the net profit or loss from ordinary activities in the reporting period in which the recoverable amount of write down occurs. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

  The depreciable amount of all fixed assets, excluding freehold land, is depreciated on a straight-line basis over their useful lives to the Company commencing from the time the asset is held ready for use.

  Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.
Notes to the financial statements
for the year ended 30 June 2006

Depreciation rates for classes of assets held ranged as follows:

- Freehold building: 4%
- Furniture and fittings: 20%
- Plant and equipment: 8-30%
- Motor vehicles: 25%
- Leasehold improvements: 20-25%

The assets’ residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

c. Intangibles

Software

Software is recorded at cost on payment date. Software is depreciated on a straight-line basis over a three year period. The residual value and useful life of software are reviewed, and adjusted if appropriate, at each balance sheet date.

d. Leases

Leases in the financial statements are operating leases in which the risks and benefits of ownership remain with the lessor. The payments for these operating leases are charged as expenses in the periods in which they are incurred.

e. Employee Benefits

Provision is made for the Company’s liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year, have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Company to employees’ superannuation funds and are charged as expenses when incurred.

f. Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and deposits held at call with banks.

h. Income Tax

The Company’s income is exempt from tax under the Income Tax Assessment Act (as amended).

i. Revenue Recognition

The Company’s main source of revenue is derived from several Queensland State Government Grants.

Grants received for the general purpose of operating the family planning clinical, educational and information services, as provided to the public, are taken to revenue as and when received, except for grants received in advance of the grant year which are shown as liability.

Grants received for specific programs are taken to revenue when appropriate expenditure has been made. Until this time the grants are reflected as a liability of the Company.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Revenue from sale of goods is recognised upon the delivery of goods to customers.

Revenue from the rendering of a service is recognised upon the delivery of the service to the client.

All revenue is stated net of the amount of Goods and Services Tax (GST).
j. **Goods and Services Tax**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown as inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

k. **Comparative Figures**

Comparative figures have been adjusted to conform to changes in presentation for the current financial year where required by accounting standards or as a result of changes in accounting policy.

**Critical Accounting Estimates and Judgments**

The directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

*Key estimates - valuation of property, plant, and equipment*

No impairment loss has been recognised in respect of property, plant, and equipment for the year ended 30 June 2006 as the company’s estimates of the recoverable amounts are in excess of their carrying amounts of these assets.

*Key judgments - Doubtful debts provision*

The directors believe that the amount of provision for doubtful debts is justifiable based on historical knowledge of the debtors’ account collection activities.

**Australian Accounting Standards issued but are not yet effective**

The following Australian Accounting Standards which have been issued or amended and which are applicable to the company but are not yet effective and have not been adopted in preparation of the financial statements at reporting date.

<table>
<thead>
<tr>
<th>AASB Amendment</th>
<th>AASB Standard affected</th>
<th>Nature of change in Accounting Policy and Impact</th>
<th>Application date of the Standard</th>
<th>Application date for the Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-3</td>
<td>AASB 101: Presentation of Financial Statements</td>
<td>No change, no impact</td>
<td>1 January 2006</td>
<td>1 July 2006</td>
</tr>
<tr>
<td>2005-10</td>
<td>AASB 101: Presentation of Financial Statements</td>
<td>No change, no impact</td>
<td>1 January 2007</td>
<td>1 July 2007</td>
</tr>
<tr>
<td></td>
<td>AASB 117: Leases</td>
<td>No change, no impact</td>
<td>1 January 2007</td>
<td>1 July 2007</td>
</tr>
</tbody>
</table>
## 2 Profit/(Loss)

**Profit/(Loss)**

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales - oral</td>
<td>122,310</td>
<td>129,256</td>
</tr>
<tr>
<td>- other</td>
<td>36,290</td>
<td>43,716</td>
</tr>
<tr>
<td>- resources</td>
<td>105,916</td>
<td>76,937</td>
</tr>
<tr>
<td>Commonwealth and State Government Public Health Outcome Funding Agreement</td>
<td>2,999,103</td>
<td>2,925,933</td>
</tr>
<tr>
<td>Other grants</td>
<td>1,471,799</td>
<td>1,001,894</td>
</tr>
<tr>
<td>Education and training</td>
<td>464,266</td>
<td>446,683</td>
</tr>
<tr>
<td>Clinic revenue</td>
<td>67,928</td>
<td>64,469</td>
</tr>
<tr>
<td>Interest received - other persons</td>
<td>100,336</td>
<td>60,724</td>
</tr>
<tr>
<td>Donations and sponsorships</td>
<td>110,299</td>
<td>123,557</td>
</tr>
<tr>
<td>Other income</td>
<td>34,265</td>
<td>199</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>5,526,527</td>
<td>4,869,240</td>
</tr>
</tbody>
</table>

**Non-operating activities:**

| Net gain/(loss) on disposal of property, plant and equipment | 14,015 | (4,120) |

**Total revenue**

| 5,526,527 | 4,869,240 |

**(b) Charging as expenses**

| Cost of sales | 159,511 | 117,827 |

**Amortisation of leasehold improvements and intangibles**

| 5,585 | 13,117 |

**Depreciation of non-current assets**

| Freehold buildings and improvements | 59,125 | 53,685 |
| Furniture and fittings | 7,000  | 4,319  |
| Plant and equipment | 46,269  | 50,734  |
| Motor vehicle | 8,301  | 4,214  |
| **Total depreciation** | 120,685 | 112,952 |

**Total depreciation and amortisation**

| 126,280 | 126,069 |

**Amounts set aside (credited) as provisions for**

| Annual Leave | 31,006 | 21,920 |
| Long Service Leave | 6,735 | (52,389) |
| Other | (87)  | 2,130  |
| Total bad and doubtful debts - trade debtors | (1,495) | 1,257 |

**Operating lease rentals**

| 223,425 | 190,702 |

**(c) Significant items**

**Income:**

| Donation of Assets | - | 5,306 |
| Write off of assets | 19,694 | 16,686 |

**Cash Assets**

| Cash at bank | 50,107 | 251,165 |
| Cash at bank - Registered Training Organisation | 1,911 | 8,035 |
| Gift Fund | 29,172 | - |
| Cash on hand | 2,610 | 2,811 |
| Cash on short term investment - contingency account | 315,000 | 315,000 |
| Cash on short term investment - including grants paid in advance | 1,024,115 | 740,610 |
| Cash on short term investment - Wendy Darvill Memorial Fund | 770 | 3,303 |
| Cash on short term investment - Human Relations Network | 935 | 935 |
| Cash on short term investment - Research Fund | 1,297 | 1,297 |
| Cash on short term investment - Life Membership Fund | 8,908 | 8,908 |
| **Total** | 1,434,825 | 1,332,064 |

The average maturity of investment deposits is 90 days.
### 4 Trade and Other Receivables

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Debtors</td>
<td>84,737</td>
<td>78,168</td>
</tr>
<tr>
<td>Less: provision for impairment</td>
<td>(355)</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Other debtors</td>
<td>12,287</td>
<td>7,407</td>
</tr>
<tr>
<td></td>
<td>96,669</td>
<td>83,575</td>
</tr>
</tbody>
</table>

### 5 Inventories

| Stock on hand (finished goods) - Note 1 (c) | 112,007 | 52,415 |

### 6 Other Current Assets

| Prepayments          | 102,431 | 81,776 |

### 7 Property, Plant and Equipment

| Freehold land - at cost | 144,204 | 144,204 |
| Freehold buildings and improvements - at cost | 1,344,272 | 1,342,122 |
| Less: Accumulated depreciation | 873,880 | 817,375 |
| Written down value | 470,392 | 524,747 |
| Total land and buildings | 614,596 | 668,951 |
| Furniture and fittings - at cost | 183,711 | 178,590 |
| Less: Accumulated depreciation | 166,941 | 166,645 |
| Written down value | 16,770 | 11,945 |
| Plant and equipment - at cost | 960,448 | 897,082 |
| Less: Accumulated depreciation | 842,852 | 829,808 |
| Written down value | 117,596 | 67,274 |
| Motor vehicles - at cost | 39,890 | 63,855 |
| Less: Accumulated depreciation | 12,046 | 47,010 |
| Written down value | 27,844 | 16,845 |
| Leasehold improvements - at cost | 90,685 | 90,685 |
| Less: Accumulated amortisation | 90,685 | 90,331 |
| Written down value | - | 354 |
| Net book value | 776,805 | 765,369 |

An independent valuation of the Company's interest in Land and Buildings was conducted by the firm of Blocksidge and Ferguson Ltd on 5 February 2005. The valuation totalled $3,000,000. The valuation was based on an assessment of the market value of the Land and Buildings.

### 8 Intangibles

| Software | 85,158 | 74,966 |
| Less: Accumulated amortisation | 73,330 | 68,099 |
| Written down value | 11,828 | 6,867 |
9  Movement in Carrying Amounts

Movement in the carrying amounts between the beginning and the end of the financial year.

a) Property, plant, and equipment

<table>
<thead>
<tr>
<th></th>
<th>Freehold Land</th>
<th>Buildings</th>
<th>Leasehold Improvements</th>
<th>Motor Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of year</td>
<td>144,204</td>
<td>524,746</td>
<td>354</td>
<td>16,845</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>4,770</td>
<td>-</td>
<td>19,300</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>-</td>
<td>(59,125)</td>
<td>(354)</td>
<td>(8,301)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>144,204</td>
<td>470,391</td>
<td>-</td>
<td>27,844</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Plant and Equipment</th>
<th>Furniture and Fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of year</td>
<td>67,274</td>
<td>11,945</td>
<td>765,368</td>
</tr>
<tr>
<td>Additions</td>
<td>106,014</td>
<td>11,825</td>
<td>141,909</td>
</tr>
<tr>
<td>Disposals</td>
<td>(9,423)</td>
<td>-</td>
<td>(9,423)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(46,269)</td>
<td>(7,000)</td>
<td>(121,049)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>117,596</td>
<td>16,770</td>
<td>776,805</td>
</tr>
</tbody>
</table>

b) Software

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of year</td>
<td>6,867</td>
</tr>
<tr>
<td>Additions</td>
<td>10,192</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(5,231)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>11,828</td>
</tr>
</tbody>
</table>

10  Payables

Unsecured liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goods and services tax liability</td>
<td>80,544</td>
<td>84,058</td>
</tr>
<tr>
<td>Employee tax</td>
<td>43,661</td>
<td>41,172</td>
</tr>
<tr>
<td>Fees received in advance</td>
<td>16,344</td>
<td>23,620</td>
</tr>
<tr>
<td>Grants received in advance</td>
<td>305,306</td>
<td>421,469</td>
</tr>
<tr>
<td>Annual Leave</td>
<td>220,899</td>
<td>189,893</td>
</tr>
<tr>
<td>Other creditors and accrued expenses</td>
<td>267,305</td>
<td>135,815</td>
</tr>
<tr>
<td></td>
<td>934,059</td>
<td>896,027</td>
</tr>
</tbody>
</table>

11  Provisions - Current

Employees benefits:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long service leave</td>
<td>149,114</td>
<td>171,269</td>
</tr>
<tr>
<td>Other</td>
<td>10,093</td>
<td>10,180</td>
</tr>
<tr>
<td></td>
<td>159,207</td>
<td>181,449</td>
</tr>
</tbody>
</table>

Provisions Non Current

Long-term employee benefits:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance at 1 July</td>
<td>39,774</td>
<td>59,941</td>
</tr>
<tr>
<td>Additional provisions raised during the year</td>
<td>28,890</td>
<td>3,446</td>
</tr>
<tr>
<td>Amounts used</td>
<td>-</td>
<td>23,613</td>
</tr>
<tr>
<td>Balance at 30 June</td>
<td>68,864</td>
<td>39,774</td>
</tr>
<tr>
<td>Aggregate employer entitlement liability</td>
<td>227,871</td>
<td>221,223</td>
</tr>
</tbody>
</table>

A provision has been recognised for employee’s benefits relating to long service leave for employees. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been included in Note 1.

Number of full-time equivalent employees

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68</td>
<td>63</td>
</tr>
</tbody>
</table>
Notes to the financial statements  
For the year ended 30 June 2006

12 Retained Profits

\[
\begin{array}{lcc}
\text{2006} & \text{2005} \\
\hline
\text{Retained profits at the beginning of the year} & 1,204,816 & 1,107,204 \\
\text{Net profit/(loss) attributable to ordinary activities} & 187,819 & 97,812 \\
\text{Retained profits at the end of the financial year} & 1,392,635 & 1,204,816 \\
\end{array}
\]

13 Expenditure Commitments

Operating leases:
Aggregate amount contracted for but not capitalised in the financial statements:
Not later than 1 year 203,298 206,541
Later than 1 year but not later than 5 years 152,120 150,509
Total 355,418 357,050

Commitments due and payable under current operating lease agreements relate to premises at Cairns, Gold Coast, Sunshine Coast, Toowoomba, Townsville, Rockhampton and Ipswich.

Commitments for leases for computer and office equipment are also included in the amounts. Premises at Bundaberg are rented on a month-to-month basis. Lease commitments are exclusive of Goods and Services Tax (GST).

Capital expenditure commitments
Capital expenditure commitments were contracted for the renovations of the company’s building at 100 and 106 Alfred Street. The building renovations were contracted for $535,000 including architects fee of 5% of the renovation costs.

14 Auditor Remuneration

Amounts received or due and receivable by the auditors for:
Auditing the accounts 13,329 13,000
Total 13,329 13,000

15 Key Management Personnel Compensation

<table>
<thead>
<tr>
<th>Year</th>
<th>Salary and Fees</th>
<th>Superannuation</th>
<th>Non-cash Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>323,121</td>
<td>80,651</td>
<td>173,947</td>
<td>577,719</td>
</tr>
<tr>
<td>2005</td>
<td>323,909</td>
<td>74,289</td>
<td>132,414</td>
<td>530,612</td>
</tr>
</tbody>
</table>

Under the Company’s Constitution no Director is permitted to receive fees or a salary from the Company. The names of the Company Directors who have held office during the financial year are:

Ms E Manning (Chairperson)  Mr M Schlyder
Dr D Rowling (appointed 13 February 2006)  Mr P Stephenson
Ms T Davis  Mrs L Williams
Assoc. Prof. M Dunne  Ms C Woodward
Dr J Patten (resigned 13 February 2006)

16 Funding Information

The financial statements have been prepared on a going concern basis which contemplates continuity of normal business activities and the realisation of assets and discharge of liabilities in the ordinary course of business. The ability of the Company to maintain continuity of normal business activities and to pay its debts as and when they fall due is dependent upon continuing support from the Queensland State Government via grant funding, and continuing profitable operations. The Queensland State Government has signed an agreement with the Company to fund the Company’s Reproductive Health Program for five years up to 2009. The Queensland State Government pays the grant three months in advance.

17 Segment Reporting

The Company operates predominantly in one business segment. The principal activity of the Company is the provision of family planning, sexual and reproductive health clinical and educational services to the public. The Company operates in one geographical area, being Queensland, Australia. The required segment reporting disclosures are contained in this financial report.

18 Member’s Guarantee

The Company is limited by guarantee, if the Company is wound up, the constitution states that each member is required to contribute a maximum of $20 towards meeting any outstanding obligations of the Company. At 30 June 2006 the number of members was 127 (2005: 127).
19 **Reconciliation of Cash**

For the purposes of the statement of cash flows, cash includes cash on hand and cash at bank. Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>2,610</td>
<td>2,811</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>81,190</td>
<td>259,200</td>
</tr>
<tr>
<td>Cash on deposit</td>
<td>1,351,025</td>
<td>1,070,053</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,434,825</strong></td>
<td><strong>1,332,064</strong></td>
</tr>
</tbody>
</table>

20 **Cash Flows Presented on a Net Basis**

Cash flows arising from deposits in and withdrawals from savings, money market and other deposits are presented on a net basis in the Statement of Cash Flows.

21 **Reconciliation of Net Cash provided by Operating Activities to Operating**

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating surplus/(deficit) from ordinary activities</td>
<td>167,819</td>
<td>97,612</td>
</tr>
<tr>
<td>(Profit)/Loss on sale of assets</td>
<td>(14,015)</td>
<td>4,120</td>
</tr>
<tr>
<td>Non-cash flows in operating result:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortisation</td>
<td>354</td>
<td>2,489</td>
</tr>
<tr>
<td>Depreciation</td>
<td>125,926</td>
<td>147,971</td>
</tr>
<tr>
<td>Changes in provisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Annual leave</td>
<td>31,006</td>
<td>21,920</td>
</tr>
<tr>
<td>- Long service leave</td>
<td>8,735</td>
<td>(52,389)</td>
</tr>
<tr>
<td>- Other</td>
<td>(87)</td>
<td>2,130</td>
</tr>
<tr>
<td>Donated fixed assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in receivables</td>
<td>(13,094)</td>
<td>(8,032)</td>
</tr>
<tr>
<td>(Increase)/decrease in stock</td>
<td>(59,592)</td>
<td>4,472</td>
</tr>
<tr>
<td>(Increase)/decrease in prepaid expenses</td>
<td>(20,655)</td>
<td>(18,039)</td>
</tr>
<tr>
<td>Increase/(decrease) in accrued expenses</td>
<td>131,490</td>
<td>35,563</td>
</tr>
<tr>
<td>Increase/(decrease) in goods and services tax</td>
<td>(3,514)</td>
<td>-</td>
</tr>
<tr>
<td>Increase/(decrease) in employee tax liability</td>
<td>2,489</td>
<td>-</td>
</tr>
<tr>
<td>Increase/(decrease) in grants in advance</td>
<td>(116,163)</td>
<td>298,531</td>
</tr>
<tr>
<td>Increase/(decrease) in prepaid fees</td>
<td>(7,276)</td>
<td>4,420</td>
</tr>
<tr>
<td><strong>Cash flows provided by/(used in) operations</strong></td>
<td><strong>231,423</strong></td>
<td><strong>540,768</strong></td>
</tr>
</tbody>
</table>

22 **Financial instruments**

(a) **Financial Risk Management**

The Company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable and payable, and leases.

The main purpose of non-derivative financial instruments is to raise finance for Company operations.

The Company does not have any derivative instruments at 30 June 2006.

**Financial Risks**

The main risks the Company is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

**Interest rate risk**

The Company's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and liabilities is as follows:
Notes to the financial statements
For the year ended 30 June 2006

<table>
<thead>
<tr>
<th>Financial Assets</th>
<th>Weighted Average</th>
<th>Effective Interest Rate</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Assets</td>
<td>4.0% - 5.5%</td>
<td>4.0% - 5.5%</td>
<td>$1,434,825</td>
<td>$1,332,064</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
<td>$89,969</td>
<td>$83,575</td>
</tr>
</tbody>
</table>

| Financial Liabilities     |                  |                         |       |       |
| Payables                  |                  |                         | $124,205 | $125,230 |
|                           |                  |                         | $1,400,589 | $1,290,409 |

Credit Risk
The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions, as disclosed in the statement of financial position and notes to the financial statements.

The Company does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the Company.

Foreign Currency Risk
The company is not exposed to fluctuations in foreign currencies.

Liquidity Risk
The Company manages liquidity risk by monitoring forecast cash flows and ensuring that adequate unutilised borrowing facilities are maintained.

Price Risk
The Company is not exposed to any material price risk.

(b) Net Fair Values
The carrying amounts of cash, cash equivalents and non-interest bearing monetary financial assets and liabilities approximate net fair

23 Company Details
Family Planning Queensland is a company incorporated and domiciled in Australia. The registered office and principal place of business of the company is:

100 Alfred Street
Fortitude Valley Qld 4006

24 Events After the Balance Sheet Date
There are no subsequent events to report.

25 Adoption of Australian Equivalents to International Financial Reporting Standards
As a result of the introduction of Australian equivalents to International Financial Reporting Standards (AIFRS), the company’s financial report has been prepared in accordance with those AIFRS standards as contained in Note 1 to this report. In addition, the company has elected to change certain accounting policies to comply with the recognition and measurement criteria contained within AIFRS. The company has assessed the significance of the accounting changes but found no significant difference from what the company has been currently implementing.

Impairment of Assets
The Company currently determines the recoverable amount of an asset on the basis of undiscounted net cash flows that will be received from the assets’ use and subsequent disposal. In terms of AASB 136: Impairment of Assets, the recoverable amount of an asset will be determined by reference to the replacement cost of assets. All assets have been subject to impairment testing at 1 July 2004, 30 June 2005, and 30 June 2006 and no material impairment losses have been identified.
The directors of the company declare that:

1. The financial statements and notes, as set out on pages 21 to 31, are prepared in accordance with the Corporations Act 2001; and
   a. comply with Accounting Standards and the Corporations Regulations 2001; and
   b. give a true and fair view of the financial position as at 30 June 2006 and of the performance for the year ended on that date of the company.

2. In the directors’ opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable. In the making of this statement, the directors have taken into consideration the matters detailed in Note 16 of the financial report and in the Directors’ Report.

This declaration is made in accordance with a resolution of the Board of Directors.

Elizabeth Manning
Chair
Dated: 31 August 2006

Patricia Davis
Director
Dated: 31 August 2006
To the Members of Family Planning Queensland

**Scope**

*The Financial Report and Directors’ Responsibility*

The financial report comprises the balance sheet, income statement, cash flow statement, statement of changes in equity, accompanying notes to the financial statements, and the directors’ declaration for Family Planning Qld (the company), for the year ended 30 June 2006.

The directors of the company are responsible for the preparation and true and fair presentation of the financial report in accordance with the Corporations Act 2001. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

*Audit Approach*

We have conducted an independent audit in order to express an opinion to the members of the company. Our audit was conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Act 2001, including compliance with Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the company’s financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

While we considered the effectiveness of management’s internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.
Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the Corporations Act 2001.

The independence declaration given to the directors in accordance with section 307C would be in the same terms if it had been given at the date of this report.

Audit Opinion

In our opinion, the financial report of Family Planning Qld is in accordance with:

(a) the Corporations Act 2001, including:
   (i) giving a true and fair view of the company's financial position as at 30 June 2006 and of its performance for the year ended on that date; and
   (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and
(b) other mandatory financial reporting requirements in Australia.

BDO Kendalls
Chartered Accountants

C J Skelton
Partner
Brisbane
Dated: 31 August, 2006
FPQ would like to thank our partners and colleagues who worked with us over the past year.
FPQ Locations

**Brisbane**
100 Alfred St (PO Box 215) Fortitude Valley Qld 4006
Phone: 61 7 3250 0240
Email: enquiries@fpq.com.au

**Cairns**
37 McLeod St (PO Box 1678) Cairns Qld 4870
Clinic: 07 4051 3788
Education: 07 4031 2232
Sexual Assault Service: 07 4031 3590
Port Douglas: 07 4099 5066

**Tablelands**
PO Box 1 Malanda North Qld 4885
Education: 07 4096 6376

**Townsville**
45 Eyre St North Ward Qld 4810
PO Box 2456 Townsville Qld 4810
Clinic: 07 4771 2005
Education: 07 4772 1462

**Rockhampton**
83 Bolsover St (PO Box 11) Rockhampton Qld 4700
Clinic: 07 4927 3999
Education: 07 4921 3655

**Bundaberg**
PO Box 4152 South Bundaberg Qld 4670
Education: 07 4151 1556

**Sunshine Coast**
PO Box 674 Maroochydore Qld 4558
Education: 07 5479 0755

**Gold Coast**
PO Box 1733 Southport BC Qld 4215
Education: 07 5531 2636

**Ipswich**
Ipswich Health Plaza Bell St (PO Box 429) Ipswich Qld 4305
Clinic: 07 3281 4088
Education: 07 3250 0240

**Toowoomba**
Hopetoun House 4 Duggan St Toowoomba Qld 4350
PO Box 3361 Toowoomba Village Fair Qld 4350
Clinic: 07 4632 8166
Education: 07 4632 8166

Report tabled at the 35th Annual General Meeting of Family Planning Queensland held on Thursday 2 November 2006 at 100 Alfred Street Fortitude Valley Brisbane Queensland.

If you have enjoyed reading this annual report and you want your friends and colleagues to obtain a copy visit www.fpq.com.au
FPQ is a leading provider of sexual and reproductive health services to people in Queensland.

FPQ offers clinical, education, training and information services from metropolitan and regional locations throughout the state.

**vision**
Sexual and reproductive health for all.

**mission**
To promote and achieve sexual and reproductive health for all. This will be achieved through excellence in clinical services, education, research and policy development.

**key values**
Respect for others
Social justice
Professionalism
Innovation
Courage
Openness and honesty